

Kentucky Department of Education  
Division of School and Community Nutrition  
Child and Adult Care Food Program  
**MONITOR REVIEW FORM**  
**Sponsoring Organizations of Affiliated and Unaffiliated Centers**

**INSTRUCTIONS FOR COMPLETING MONITOR REVIEW FORM**

**For all sponsoring organizations, at least two of the three monitor reviews per site must be unannounced. A meal service must be observed during at least one of the monitor reviews conducted in the past year.. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable.** For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.

**SECTION 1 GENERAL**

<b>Date of Review:</b>	<b>Name of Reviewer:</b>
<b>Drop In:</b> _____ <b>Announced:</b> _____ <b>Unannounced:</b> _____	

Name of Center: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Is the center at/within licensed capacity, age limits, and provider/participation ratio at the time of review? ☐ Yes ☐ No

2. If no, explain: \_\_\_\_\_

3. Total Number of Participants Enrolled: \_\_\_\_\_

4. Center License Expiration Date: \_\_\_\_\_

5. Total Number of Operating Weeks Per Year: \_\_\_\_\_

6. Hours Daily \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m

7. Does the center operate in shifts? ☐ Yes ☐ No  
If Yes, list shift times      Shift 1 \_\_\_\_\_ to \_\_\_\_\_  
   Shift 2 \_\_\_\_\_ to \_\_\_\_\_  
   Shift 3 \_\_\_\_\_ to \_\_\_\_\_

**SECTION 2 MEAL INFORMATION**

8. Are meals claimed only for enrolled participants who have a current CACFP enrollment form?  
a. ☐ Yes ☐ No

9. Approved Meal Types:

☐ Breakfast   ☐ A.M. Snack   ☐ Lunch   ☐ P.M. Snack   ☐ Supper   ☐ Late Night Snack

10. Record the following information on **approved** meals and record applicable meal times:

Meals to be Served Daily	Time Meal Service Begins	Estimate Number Served Daily	Check Meal Observed Today
Breakfast			
AM Snack			
Lunch			
PM Snack			
Supper			
At-Risk Snack			
Late Night Snack			

11. Are meals no less than two hours but no more than three hours apart?   ☐ Yes   ☐ No

12. If claiming a fourth meal, is there a system in place to ensure that center does not claim more than two meals and one snack OR two snacks and one meal per day per participant? [The State Agency 17-10 Form **must** be completed at the conclusion of each meal service, and then meal counts consolidated on the Record of Meals Served Form (17-9)]   ☐ Yes   ☐ No

13. Describe how the center obtains daily meal counts for meals served:

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14. Is an adequate supply of food available?   ☐ Yes   ☐ No

15. List stores and food vendors from which site purchases food:\_\_\_\_\_

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16. Check the method by which meals are prepared:

☐ Preparation at meal service site   ☐ Prepared central kitchen   ☐ Food Service Mgmt Co.  
☐ Under contract with local school system   ☐ Combination of above list or Other (explain):

**Note: If site is self-prep, go to question 24.**

17. Has the site conducted the appropriate procurement for obtaining a Food Service Management Company?

☐ Yes   ☐ No

18. Does the site have a current contract with the Food Service Management Company who was awarded the procurement bid?   ☐ Yes   ☐ No

19. Is the Food Service Management Company on the CACFP KY Registered Caterer List?

☐ Yes   ☐ No

20. Is the Food Service Management Company in compliance with the signed contract?

☐ Yes   ☐ No

21. List the meal counts for each of the preceding five serving days for the meal types for which you are **approved**:

## 5 Day Reconciliation

Verified Enrollment:

License Capacity:

	Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>				
Meal Services	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	Total 5 Day Meal Ct	Avg 5 Day Meal Ct	Current Day
Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AM Snack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PM Snack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supper	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LN Snack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** To determine the average, total each meal type column and divide by 5, then round up.

22. What was the meal count for the meal you **observed** on the day of the monitor review? \_\_\_\_\_

23. Do the meal counts for the prior five days for all meals claimed appear reasonable when compared to each approved meal service's averages? ☐ Yes ☐ No

24. If No, explain: \_\_\_\_\_

25. Does the director or program contact demonstrate familiarity with the types and quantities of food required for each type of meal service? ☐ Yes ☐ No

26. Does the cook demonstrate familiarity with the types and quantities of food required for each type of meal service? ☐ Yes ☐ No

## **SECTION 4 OBSERVATION OF MEAL SERVICE**

27. Circle **meal observed** and record applicable meal times:

	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	L. N. Snack
Scheduled Meal Service Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meal Service Time Observed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**28. Record the Food Items, Serving Sizes, and Amounts Prepared for the Meal Observed:**

Meal Components	Food Item	Serving Size
Milk	<input type="text"/>	<input type="text"/>
Meat/Meat Alternate	<input type="text"/>	<input type="text"/>
Fruit/Vegetable	<input type="text"/>	<input type="text"/>
Fruit/Vegetable	<input type="text"/>	<input type="text"/>
Bread/Bread Alternate	<input type="text"/>	<input type="text"/>
Bread/Bread Alternate	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

**Note:** The Adult Day Care Meal Pattern requires two bread servings at breakfast, lunch, and supper.

29. Record the food items served for infant meals:

<b>Infants</b>			
<b>List Food Items Served (Be Specific)</b>			
<b>Meal Components</b>	<b>Birth Through 3 Months</b>	<b>4 Through 7 Months</b>	<b>8 Through 11 Months</b>
Iron-Fortified Formula/Breast Milk/ Whole Milk			
Infant Cereal			
Fruit/Vegetable			
Fruit/Vegetable			
Meat/Meat Alternate			
Bread Component			

**Note: If infant participates in meal served from the kitchen (table food), please include the foods served.**

## **SECTION 5 MONITORING AND TRAINING**

30. List date and any problems from last Monitor Review conducted:

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31. Have these problems been corrected? ☐ Yes ☐ No

32. If No, explain: \_\_\_\_\_  
\_\_\_\_\_

33. Have all center personnel been trained in CACFP regulations each year? ☐ Yes ☐ No

34. Date(s) of In-Service Training \_\_\_\_\_

35. What topics were discussed?  
\_\_\_\_\_  
\_\_\_\_\_

## **SECTION 6 HEALTH/SAFETY/SANITATION**

36. Was the food permit posted? ☐ Yes ☐ No ☐ Not Applicable

37. Food Permit Expiration Date: \_\_\_\_\_

38. List the date of the latest health inspection: \_\_\_\_\_ Rating: \_\_\_\_\_

39. Were any deficiencies identified? ☐ Yes ☐ No ☐ Not Applicable

40. Have identified deficiencies been corrected? ☐ Yes ☐ No ☐ Not Applicable

41. Were the refrigeration units and freezers clean and maintained at required temperatures?  
☐ Yes ☐ No ☐ Not Applicable

**Note: Refrigerator temperatures must be maintained between 33 and 38 degrees. Freezer unit temperatures must be maintained between 0 and -10 degrees. Temperatures listed are per the Food Code, published by the Food and Drug Administration. If the temperatures are not within these ranges, then the answer should be NO and adjustments should be made.**

42. Was food properly stored in the refrigeration units and in dry storage areas?  
☐ Yes ☐ No ☐ Not Applicable

43. Are thermometers available in all refrigerator and freezer units?

☐ Yes      ☐ No      ☐ Not Applicable

44. List temperatures for Refrigerators and Freezers: (Refer to Question 45 regarding proper temperatures)

Refrigerators      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Freezers      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

45. Is there evidence of rodent or insect infestation?    ☐ Yes    ☐ No

46. If Yes, what measures are being taken to eliminate this problem?

\_\_\_\_\_

47. Are cleaning supplies, polishes, insecticides and other toxic materials safely stored in an area separate from food?

☐ Yes      ☐ No      ☐ Not Applicable

48. List location: \_\_\_\_\_

49. Did participants and center staff wash their hands before meal service?    ☐ Yes    ☐ No

50. Were tables/high chairs sanitized?      ☐ Yes    ☐ No    ☐ Not Applicable

51. Is kitchen area kept clean at all times?    ☐ Yes    ☐ No    ☐ Not Applicable

52. Are sanitary procedures followed in all aspects of food service?    ☐ Yes      ☐ No

53. Are safety procedures followed when thawing frozen foods?

☐ Yes      ☐ No      ☐ Not Applicable

54. What method(s) are used to thaw frozen perishable foods? \_\_\_\_\_

\_\_\_\_\_

55. Are dishes sanitized?      ☐ Yes    ☐ No    ☐ Not Applicable

56. What method(s) are used to sanitize dishes? \_\_\_\_\_

\_\_\_\_\_

## **SECTION 7 SPACE, FACILITIES AND EQUIPMENT**

57. Is the storage adequate for dry food items, refrigerators and freezers?

☐ Dry Food Items      ☐ Refrigerators      ☐ Freezers

☐ Yes      ☐ No      ☐ Yes    ☐ No      ☐ Yes    ☐ No

58. Is dining space adequate for the number of participants enrolled?    ☐ Yes      ☐ No

59. Is adequate food preparation and service equipment available?    ☐ Yes      ☐ No

## **SECTION 8 RECORD KEEPING**

60. Does the center keep a record of total daily attendance?    ☐ Yes    ☐ No

61. Are current fiscal year CACFP enrollment forms maintained on each participant?

☐ Yes ☐ No ☐ Not Applicable

62. Does the center keep a daily record of meals served to participants by type of meal service?

☐ Yes ☐ No

63. Is the Record of Meals Served Form (17-9/17-10) current and up-to-date? ☐ Yes ☐ No

64. Are free and reduced price applications on file? ☐ Yes ☐ No ☐ Not Applicable

65. If Yes, where: \_\_\_\_\_

66. Do free and reduced price applications **year-to-date** correspond to the master roster?

☐ Yes ☐ No ☐ Not Applicable

67. No. of Free \_\_\_\_\_ No. of Reduced \_\_\_\_\_ No. of Paid \_\_\_\_\_ Total \_\_\_\_\_

(For the latest claim submitted)

68. Are appropriate records kept to document all costs? ☐ Yes ☐ No

69. Are daily Menu Records available and up-to-date at the center for all approved meals claimed for the current month? ☐ Yes ☐ No

70. If No, explain: \_\_\_\_\_

71. Name and position of person planning menus:

\_\_\_\_\_

72. How far in advance are menus planned? \_\_\_\_\_

73. What problems with required components have been noted on the menus?

\_\_\_\_\_

\_\_\_\_\_

74. Are medical statements on file for all substitutions related to medical or special dietary needs? ☐ Yes ☐ No ☐ Not Applicable

If No, explain: \_\_\_\_\_

\_\_\_\_\_

75. Are parent statements on file for all substitutions related to religious beliefs?

☐ Yes ☐ No ☐ Not Applicable

If No, explain: \_\_\_\_\_

\_\_\_\_\_

76. (Unaffiliated Centers Only) Does the center keep at least twelve months of supporting documentation for claims submitted? ☐ Yes ☐ No

Where is this documentation being held? \_\_\_\_\_

## **SECTION 8 CIVIL RIGHTS COMPLIANCE**

77. Was the "...And Justice for All" poster visibly displayed to the general public?

☐ Yes ☐ No

78. Was the "Building for the Future" poster visibly displayed to the general public?

☐ Yes ☐ No ☐ Not Applicable (ADC only)

79. Is the Civil Right Grievance Report Form available to staff at all time?

☐ Yes ☐ No

80. Does the training documentation form list "Civil Rights" as a training topic?

☐ Yes ☐ No

81. Has Civil Rights Data been collected on this site during the past year?

☐ Yes ☐ No

If "NO" complete the Data Collection Chart Below:

\*Line one is percentage data collected from the Ethnic/Racial Profile of the Area the Center is located.

\*Line two is the actual number collected from the participants in the Center.

	Ethnicity		Race				
	Hispanic	Not Hispanic	Black or African American	White	Pacific Islander	American Indian or Alaskan Native	Asian
1.	%	%	%	%	%	%	%
2.	#	#	#	#	#	#	#

## **SECTION 9 HOUSEHOLD CONTACTS**

82. In the review of documentation and/or this monitor review, have any of the following occurred:

A. Do inconsistencies exist between attendance records and meal count records for which there is no reasonable explanation? ☐ Yes ☐ No

B. Have there been recent unsuccessful monitor review attempts for this center?

☐ Yes ☐ No

C. Do income applications (if applicable) and enrollment forms for participants appear to have been altered in writing, with white out, or with correction tape? ☐ Yes ☐ No

83. According to the answers above, are household contacts required for this center?

☐ Yes ☐ No

84. If Yes, what method does the sponsor plan to use to conduct the household contacts?

Mail Survey? ☐ Yes ☐ No

Telephone Survey? ☐ Yes ☐ No

85. How many household contacts must be conducted? \_\_\_\_\_

86. Was corrective action necessary as a result of household contacts? ☐ Yes ☐ No

87. If Yes, what form of corrective action was taken?

Follow-Up Review ☐ Yes ☐ No

Sponsor provided technical assistance ☐ Yes ☐ No

Site was termed seriously deficient ☐ Yes ☐ No

Suspended ☐ Yes ☐ No

Propose to Terminate and Disqualify ☐ Yes ☐ No

## **SECTION 10 SUMMARY OF FINDINGS**

Provide a summary of monitor review findings. A section has also been provided for you to list the center's strengths that you observed. If a follow-up review is necessary, it must be documented on a separate monitor review form.

**Serious problems indicating imminent health and safety issues must have a follow-up immediately—within 24 hours.** Items that trigger a household contact must have a follow-up review within 60 days. All other problems identified should have a follow-up review within 30 days.

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SUMMARY OF FINDINGS			
Review Item #	Corrective Action (CA) Needed	C.A. Due Date	Follow-up Visit Due Date

Signature and Title of Reviewer	Date
Signature of Center Director/Supervisor	Date
Signature of Sponsoring Organization Representative	Date

**Note: All other monitor review forms obsolete.**